Complete Summary

TITLE

Breast cancer screening: percentage of women 50-69 years of age who had one or more mammograms during the measurement year or the year prior to the measurement year.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of women age 50 through 69 years, who were continuously enrolled during the measurement year and the year prior to the measurement year, and who had a mammogram during the measurement year or year prior to the measurement year.

RATIONALE

Since there is no known method of preventing breast cancer, detecting breast cancer at the earliest possible stage is an important strategy in offering women more choices of treatment and better chances for survival. Among women aged 50 and older, mammography screening has been shown to reduce mortality by 20 to 40 percent.

PRIMARY CLINICAL COMPONENT

Breast cancer; screening mammography

DENOMINATOR DESCRIPTION

Women age 52 through 69 years as of December 31 of the measurement year who were continuously enrolled during the measurement year and the year prior to the measurement year (see the related "Denominator "Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

One (or more) mammogram(s) during the measurement year or the year prior to the measurement year as documented through either administrative data or

medical record review (see the related "Numerator "Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- Screening for breast cancer: recommendations and rationale.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

American Cancer Society. Facts and figures 1999: selected cancers. [internet]. American Cancer Society; 1999 [cited 1999 Nov 12]. [12 p.].

National Committee for Quality Assurance (NCQA). The state of health care quality 2003: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 61 p.

Screening mammograms: questions and answers. [internet]. Bethesda (MD): National Cancer Institute; 2002 May 3 [cited 2003 Nov 18]. [9 p].

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
Internal quality improvement

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 50 through 69 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Breast cancer is the second most common type of cancer among American women, with approximately 175,000 new invasive breast cancer cases and 43,000 deaths estimated for 1999. Breast cancer accounts for 32 percent of all cancers in women and 18 percent of female cancer deaths.

EVIDENCE FOR INCIDENCE/PREVALENCE

Facts About Breast Cancer in the United States. [internet]. New York (NY): National Alliance of Breast Cancer Organizations (NABCO); 2003 Feb 1 [cited 2003 Nov 07].

ASSOCIATION WITH VULNERABLE POPULATIONS

Older women are at increased risk for breast cancer. About 80 percent of breast cancers occur in women over the age of 50. More than 50% of cancers are in women over 65 with a 50% mortality rate. The accuracy of mammography is also improved for older women due to reductions in the density of breast tissue and has been shown to reduce mortality by 20 percent to 40 percent.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Balducci L, Phillips DM. Breast cancer in older women. Am Fam Physician 1998 Oct 1;:1163-74.

Rosenquist CJ, Lindfors KK. Screening mammography beginning at age 40 years: a reappraisal of cost-effectiveness. Cancer 1998 Jun 1;82(11):2235-40. PubMed

Salzmann P, Kerlikowske K, Phillips K. Cost-effectiveness of extending screening mammography guidelines to include women 40 to 49 years of age. Ann Intern Med 1997 Dec 1;127(11):955-65. PubMed

BURDEN OF ILLNESS

See "Incidence/Prevalence" and "Association with Vulnerable Populations" fields.

UTILIZATION

Unspecified

COSTS

More is spent on the detection and treatment of breast cancer than any other cancer; in 1990, $6.5 billion was spent.

The average cost of a mammogram can range from around $55 (Medicare rural rates) to over $200 (urban commercial rate). Mammography screening costs roughly $60,000 per life year gained.

EVIDENCE FOR COSTS

Kattlove H, Liberati A, Keeler E, Brook RH. Benefits and costs of screening and treatment for early breast cancer. Development of a basic benefit package. JAMA 1995 Jan 11;273(2):142-8. PubMed

White E, Urban N, Taylor V. Mammography utilization, public health impact, and cost-effectiveness in the United States. Annu Rev Public Health 1993;14:605-33. [90 references] PubMed

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Women age 52 through 69 years as of December 31 of the measurement year who were continuously enrolled during the measurement year and the year prior to the measurement year with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Women age 52 through 69 years as of December 31 of the measurement year who were continuously enrolled during the measurement year and the year prior to the measurement year

Exclusions
Women who had a bilateral mastectomy and for whom administrative data does not indicate that a mammogram was performed. Managed care organizations (MCOs) should look for evidence of a bilateral mastectomy as far back as possible in the member's history, through either administrative or medical record review. If the MCO finds evidence that the member had two separate mastectomies, they may exclude the member from the measure. Refer to the original measure documentation for International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and Current Procedure Terminology (CPT) codes to identify exclusions for breast cancer screening.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
One (or more) mammogram(s) during the measurement year or the year prior to the measurement year as documented through either administrative data or medical record review. Refer to the original measure documentation for Current Procedure Terminology (CPT), International Classification of Diseases, Ninth

Revision, Clinical Modification (ICD-9-CM) and Universal Billing 1992 (UB-92) Revenue codes to identify breast cancer screening.

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

<div style="background-color:#8888ee; text-align:center; color:white;">Computation of the Measure</div>

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial, Medicare, and Medicaid plans.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

EXTENT OF MEASURE TESTING

Unspecified

ORIGINAL TITLE

Breast cancer screening.

MEASURE COLLECTION

HEDIS® 2004: Health Plan Employer Data and Information Set

DEVELOPER

National Committee for Quality Assurance - Private Nonprofit Organization

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1993 Jan

REVISION DATE

2002 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

MEASURE AVAILABILITY

The individual measure, "Breast Cancer Screening," is published in "HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on July 18, 2003. The information was verified by the measure developer on October 24, 2003.

COPYRIGHT STATEMENT

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at www.ncqa.org.

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